

CLAIMS ONLY

Application Number

10522323

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	
1					
2					
3					
4					
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49					
50					
Total Indep	2				
Total Depend	28				
Total Claims	30				

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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64						
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100						
Total Indep						
Total Depend						
Total Claims						